

In persons not insane these conditions were met in incomparably less proportions, and indeed most commonly in criminals. The authors conclude that they must coincide with the view of Otto, that the cerebellum may be a moderator of voluntary action.

---

INSANITY IN FRANCE.—The following figures are taken from the *Statistique de France*, a work recently published, by the Paris correspondent of the *British Med. Journal*, and appear in the number issued Jan. 23d.

"In 1861, the period from which proper vouchers or authentic information could be obtained, there were 22 lunatics to every 10,000 inhabitants of France; in 1866 there were 23.8, and in 1872, 24.37. Thus, in eleven years, the proportion of lunatics increased about two per 10,000 inhabitants. Indeed, there were times during this period when the whole population of France might have been considered insane, if one may judge by their acts. In 1871, when so many insane acts were committed in France, 49,589 lunatics of both sexes were admitted into the different asylums; of this number, 33,448 were affected with simple insanity; 6,450 with insanity complicated with epilepsy and paralysis; 4,577 with dementia, whether senile or organic; 5,114 with idiocy and cretinism. It will be seen from the above that simple insanity forms the largest proportion—about two-thirds of the total number of admissions; the cures are reckoned in the proportion of 6.4 per cent. These figures speak for themselves; they express not only depopulation but degradation."

To the above rather sensational statement, we would only add that the figures would be more significant if comparisons were given. It would be strange, indeed, if there was not an increase of insanity in France, considering all that country has passed through in the past few years, but it is more than probable that at least a slight, if not a proportional increase has likewise taken place in the same period in other countries, England and Germany for example. The proportion of cures, however, given in the above statement seems surprisingly small.

---

NERVOUS SYMPTOMS IN DIABETES.—Prof. Bouchardat, *Bull. Gen. de Therapeutique*, Feb. 28, gives a brief account of the principal disorders of innervation observed during the course of glycosuria. They are as follows:

1. *Partial Anaesthesia*.—This the author states is more frequent than is perhaps generally supposed; he has observed it in the lower limbs, the thorax and the face.

2. *Cramps*, which are among the most frequent nervous symptoms in severe cases. They occur oftener during the night, and are usually confined to the lower limbs. They disappear generally with improved regimen and exercise.

3. *Insomnia*, caused chiefly by the frequent necessity for micturition, and in great measure relieved when that necessity is removed. Exercise should be insisted on in the treatment of this condition, and an interval of some hours should intervene between supper and bedtime.

4. *Neuralgic pains* in the region of the kidneys are complained of by many patients; sometimes they are felt in the dorsal region, more rarely in

the lower limbs and articulations. Sometimes a feeling of numbness is complained of in the legs, of chills or burning heat of the extremities.

5. *Weakness of memory* is very frequent in diabetic patients past the meridian of life. This is not the usual senile weakness, but progresses much more rapidly, the ratio between them being as one to ten, and the faculties usually return with the disappearance of the other troublesome symptoms under treatment. There needs, however, to be a very cautious prognosis as to this point.

6. *Inability for mental labor* is usually observed in diabetic patients, and improvement in this occurs with improvement in the other symptoms. In many cases a recklessness and want of care is observed to an astonishing degree. An irresistible desire for sleep after meals is often observed.

7. *Irrascibility* is frequent, especially in male patients, and it seems to have a tendency to increase the amount of sugar in urine.

8. *Melancholia and hypochondria*.—Cases of long standing, especially in males, are accompanied with low spirits and melancholy, a kind of low hypochondria; and this is observed more especially in males. This is due in part to the habit of idleness that the disease often produces, in part to the premature impotence of the patient, and lastly to the feeling of being afflicted with an incurable disease.

NERVOUS COMPLICATIONS IN PHTHISIS.—We extract the following from a notice by Dr. H. Huchard of a thesis by F. L. Hahn, Paris, 1874, in *L'Union Médicale*, February 9:

I. Passing in review the lesions that may be found in the brain, at the autopsies of phthisical patients, the author enumerates: Hyperæmia of the dura mater, pachymeningitis, simple or tuberculous meningitis, meningeal tuberculosis, and hydrocephalus. This last complication may be of inflammatory origin, dyscrasic, and mechanical. In this last case it is produced whenever the return circulation is obstructed, either by an obstacle within the brain, like tubercles of the brain, or meninges, or meningeal exudations, and bridges compressing and obliterating the veins of Galen or the sinuses, or again by an obstacle outside of the brain, such as thrombus of the jugular vein. Hydrocephalus may also be provoked by an obliteration of the venous sinuses of the dura mater, by sanguine coagulations or thromboses due to the alteration of the blood, or to the development of tubercular granulations in the walls of the vessels themselves. More frequently the brain is healthy, but, according to Lebert, anæmia is more common than hyperæmia. Cases of cerebral hæmorrhage have been cited that may be attributed to the formation of thromboses, and the consequent augmentation of tension in the capillaries, explained by the alteration of the blood in the vessels, and by the possibility of the formation of miliary aneurisms in consumptives, a fact observed by M. Liouville. Cerebral softening is due in most cases to a vascular obliteration. Finally, tubercles of the brain may be developed in the course of pulmonary phthisis.

II. The cord and its envelopes may present the following lesions: chronic inflammation of the meninges (Leudet), and intra-medullary tubercles. Cruveilhier has reported the case of a superficial pulmonary cavity